

**State of Nebraska**  
**Nebraska Commission for the Deaf and Hard of Hearing**

**Form E: Continuing Education Affidavit**  
*(Must be submitted no more than 60 days prior to license expiration.)*

**Section A – License Application Category (check all that apply):**

Interpreter or Transliterators License      Specialty License      License Renewal  
License Reinstatement *\*Requires additional form: F*

**Section B — Personal Information:**

Legal Name: \_\_\_\_\_ Nebraska Interpreter License Number: \_\_\_\_\_  
RID Membership Number (Optional): \_\_\_\_\_

**Section C — Continuing Education Attended:**

You must have completed 20 clock hours of continuing education for renewal of your license. List all the continuing education activities you completed between \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_. Hours earned prior to the first date listed are not accepted and hours earned in excess of the requirement may not be carried over to the next licensing period. The Nebraska Interpreter Review Board will only accept continuing education credits which meet the criteria for continuing education activities as outlined in section 006 of Title 96 Chapter 1 of the Regulations Governing the Practice of Interpreting or Transliterating.

**DO NOT SUBMIT CERTIFICATES OF ATTENDANCE TO THIS OFFICE UNLESS YOU ARE REQUESTED TO DO SO.**

TITLE OF ACTIVITY/ NAME OF PROVIDER	APPROVED PROVIDER (YES OR NO)	DATE(S) OF ACTIVITY (MONTH/DAY/ YEAR)	PROFESSIONAL STUDIES (PS) OR GENERAL STUDIES (GS)	HOURS EARNED
<i>*Attach additional information if needed.</i>			<b>TOTAL HOURS EARNED:</b>	

**Section D - Certification of Applicant:**

I, \_\_\_\_\_ (print name of licensee), depose and say that I am the person named making application and that I have completed this application; and that the information I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date